

Express Mail No. EV355035078US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Express Mail No.: EV355035078US
Filed: Herewith
Applicant: Herbert C. Preul
Title: WASTEWATER SOURCE CONTROL SYSTEM
Attorney Docket: PREUL-02A

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE
(37 C.F.R. §1.102(c) and M.P.E.P. §708.02IV)

Applicant hereby petitions to make this application special because Applicant is over 65 years of age. Applicant's date of birth is January 11, 1926. As a showing of this fact, accompanying this petition is Applicant's Birth Certificate. No fee is required with this petition, in accordance with 37 C.F.R. §1.102(c).

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

BY

C. Richard Eby, Reg. No. 25,854

2700 Carew Tower
Cincinnati, OH 45202
(513) 241-2324
(513) 241-6234 (Facsimile)

1. PLACE OF BIRTH

County of Franklin
 Township of 26505
 Village of Berger
 City of Franklin
 No. 1
 Ward. St.

Registration District No. 29RPrimary Registration District No. 540

STATE OF MISSOURI

Bureau of Vital Statistics
CERTIFICATE OF BIRTHFile No. Registered No.

If birth occurs in a hospital or other institution,
give name of same, instead of street and number.

2. FULL NAME OF CHILD

3. Sex of Child Male 4. Legit-
mate yes 5. Twin,
Triplet,
or other? ✓ 6. Number
and 1 in order
of birth
To be answered in case of plural births only

7. Date of birth Jan. 11, 1946
(Month) (Day) (Year)

8. FULL NAME

FATHER CHARLES13. FULL MAIDEN NAME Wanda Frederica SchakeMOTHER

9. P. O. ADDRESS

Berger Mo

14. P. O. ADDRESS

Berger Mo

10. COLOR OR RACE

White11. AGE AT LAST BIRTHDAY 40
(Years)

12. COLOR OR RACE

White15. AGE AT LAST BIRTHDAY 36
(Years)

11. BIRTHPLACE

Deutsch Germany

16. BIRTHPLACE

Marshall Mo.

12. OCCUPATION

Minister of Gospel

17. OCCUPATION

Housewife

18. Number of child of this mother

Fourth

19. Number of children of this mother, now living

20. Born at full term
(This Child)

What antiseptic was used in the eyes

oily drops

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M.
(Born alive or stillborn)

When there was no attending physician
midwife, then the father, mother, house-
keeper, or nurse made this return.

Seven days before from supplemental report

19. Address Franklin Mo

Address Franklin Mo